ED/TN FORM REV 10/2026	**ED/TN VOUCHER FOR ATTENDANCE FEES FOR CONTRACT COURT REPORTER & INTERPRETER**	CONTRACT NUMBER AW2-

CONTRACTOR'S NAME		D/B/A (if different from Contractor Name)		
STREET ADDRESS		CONTRACTOR TAX ID #:		
CITY AND STATE	ZIP CODE	FULL-DAY RATE	HALF-DAY RATE	OVERTIME RATE

Date	Last name of Presiding Judicial Officer	Case Number	Hearing Type	Actual Time of Reporting			Name of Attending Court Reporter/ Interpreter	Claimed Compensation
				Morning	Afternoon	Overtime Only over 8 hours		

INTERPRETER ONLY SECTION:

LANGUAGE REQUIRED:

	DATE	TIME
Departure from residence:		
Arrival at Court:		
Departure from Court:		
Arrival at residence:		

OTHER COMPENSATION (Travel outside contract geographical area, include approved lodging):

***NOTE**: Overnight travel must be approved in advance

TRAVEL - TOTAL MILES: _____ x RATE _____	$ 0.00
OTHER (Explain):	$ 0.00
TOTAL:	**$ 0.00**

CONTRACTOR CERTIFICATION: I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter/Reporter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.

SIGNATURE OF CONTRACTOR (or authorized agent)	DATE

COURT CERTIFICATION

I hereby certify the above as correct and proper for payment.

SIGNATURE OF COURT REPRESENTATIVE	DATE